easy-to-use data base. But it is unnecessary and unrealistic to expect it to be located in each physician's head, except pertaining to a relatively narrow specialty area.

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REFERENCES

1. Kronlund SF, Phillips WR: Physician knowledge of risks of surgical and invasive diagnostic procedures (Health Care Delivery). West J Med 1985 Apr; 142:565-569

2. Wolfe ES, Jones HW III: Problems experienced by residents in internal medicine training (Medical Education). West J Med 1985 Apr; 142:570-572

3. Cooke M: Stress and coping in internal medicine (Editorial). West J Med 1985 Apr; 142:547-548

A Treatment for Enuresis

TO THE EDITOR: I have been interested in the subject of enuresis for many years and have come up with the following observation and recommendation for treatment. I have observed the simple fact that the more one exercises and perspires the less one urinates. This is because in a sense the skin organ has function much like the kidneys, in that it also excretes liquid, not unlike urine.

Bearing these simple conclusions in mind, I have recommended that the enuretic person engage in continuous rhythm exercise, such as running, cycling, swimming or even walking briskly for one hour daily, preferably in the late afternoon, without replacement of fluids thereafter.

Barring the presence of infection or a congenital malfunction, I have been quite pleased with the results. In addition to this diuretic effort of the exercise program, the patients gain many fringe benefits of exercise which include a better feeling about themselves. This seems to help the patients as well.

I would be interested in other practitioners' comments on this simple treatment of enuresis.

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Hitting Below the Belt

TO THE EDITOR: Since the House of Delegates of the American Medical Association passed a strong resolution for a ban on boxing, the pros and cons of such a move have made it not only to the front page but also to the editorial page.

The media, not often given to throwing bouquets to the AMA, were almost embarrassingly complimentary. Editorials spoke of the courage and the foresight of the doctors in taking this stand.

Medical associations from New York to California joined in the plea for a total ban on boxing. Even Howard Cosell now wants boxing banned!

It seemed that only those who would suffer a financial loss—the promoters, the boxing associations, the TV moguls—were willing to come out swinging against such a ban.

There were a few bleeding hearts who wept that by banning boxing we would be depriving young men from the minorities of a chance at the "big money."

Along with the public endorsement of a ban on boxing came the admission that it had little or no chance of being put into effect. A great idea but—because the average American man (and some women) seems to get a psychological lift out of sitting in front of the tube, beer in hand, watching one human wreak violence on another—a total ban will never come to pass.

There is one hope, one simple remedy, that has so far received little attention and has been mentioned only in passing by *JAMA*: total banning of blows to the head.

Simple as that.

We all know there is a ban on hitting a boxing opponent below the belt. One punch beneath the belt will bring a strong warning from the referee. A second or third may bring disqualification of the offending boxer.

Now, all men who have participated in contact sports have at one time or another experienced a blow to the gonads, and we well remember that the pain was excruciating. But it was temporary and our genitalia suffered no long-lasting injury, either to our sex drive or to our reproductive capacity.

Why then is hitting below the belt considered such a heinous act, when rendering repeated blows to the brain, an uppercut to the chin or a sharp left to the head is considered an expert exhibition of the fine art of boxing?

Hitting below the belt can give temporary pain, but repetitive blows to the head, from the Adam's apple up, can produce contusions, lacerations and hemorrhages from the brain stem to the gray matter. And it has been shown that this occurs even when protective headgear is used.

The quick-witted, physically superb Muhammad Ali, with his dancing feet, has been hailed as the greatest boxer of all time. More likely his legacy to tomorrow's generation will be a newly identified clinical entity—"pugilistic parkinsonism," a damaged brain syndrome characterized by a shuffling gait, glazed eyes and dull-witted mumbling speech.

A call for a total ban on boxing may, indeed, be a noble but futile gesture. But if hitting below the belt is so wrong, then certainly it is time for all physicians to cry out that repeatedly banging the brain of another human with the fist is gross, vicious violence.

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Vietnamese Patients and Physicians

TO THE EDITOR: I have read, with interest, the article "Culture Shock—A Review of Vietnamese Culture and Its Concept of Health and Disease" by Dr Nguyen, published in the March issue.[1]

Being a Vietnamese physician myself, I would like to share some personal thoughts in regard to the treatment of Vietnamese patients. I sincerely feel that Vietnamese physicians would be most helpful to their compatriots by guiding them into the American values and way of life. I do not think "East is East, and West is West." Many of the basic human values are shared by ancient Oriental culture and American culture.

The Vietnamese should make an effort to erase their misplaced pride, and realize that there may be better ways than theirs. For example, it is erroneous to identify being late to appointments as a less stressful way of conducting business. Likewise, they should begin to ask what they could do to give back to America in return for all the goodness they have received from her. Respect is to be earned, not asked for. The Vietnamese will not earn respect by asking for special status because of being refugees.

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REFERENCE

1. Nguyen D: Culture shock—A review of Vietnamese culture and its concepts of health and disease (Cross-cultural Medicine). West J Med 1985 Mar; 142:409-412